

# NC Direct Support Workforce: Challenges and Opportunities

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Research & Training Center on Community Living

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# Agenda/Purpose

- To provide an overview of the direct support workforce in NC
- To provide an overview of characteristics of high performing organizations, DSPs and their relationship to consumer outcomes
- Identify strategies to build systems within NC that maximize support and development of DSPs



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# Direct Support Professionals

- Play a vital role in the lives of individuals with developmental disabilities, mental health needs and substance abuse challenges.
- Provide support and assist individuals with a wide range of daily living activities including such things as home maintenance, healthcare coordination, social activities with friends, employment, healthcare and physical care, skill development, and much more.
- Facilitate connections to people, resources, and experiences necessary for individuals and their families to live a full and safe life.
- Work across the lifespan, from birth to elder care.
- Non-degreed, non-licensed



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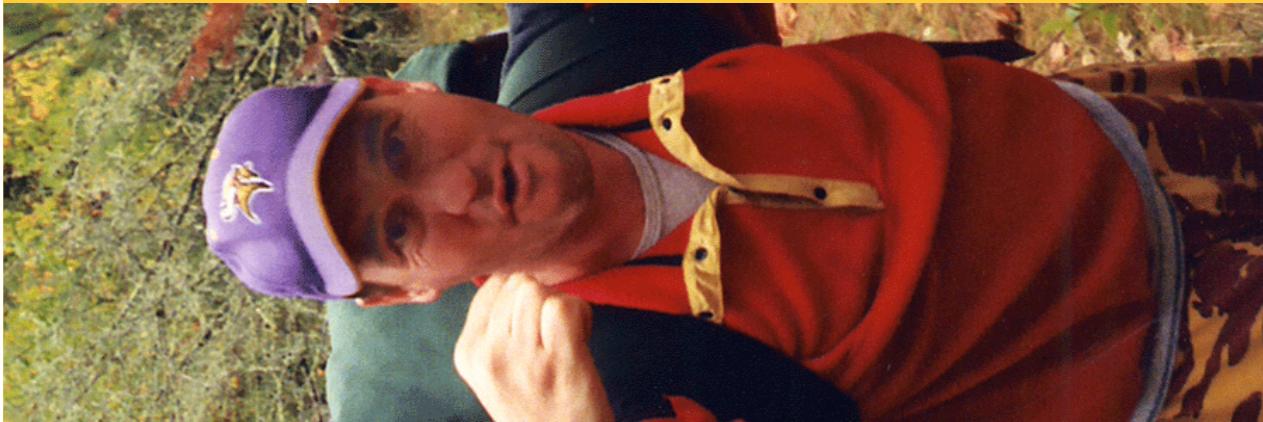
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# Occupational Titles in NC

- Direct care worker
- Facilitator
- Life skills trainer
- Counselor
- Residential assistant
- Job coach
- Intake worker
- Psychiatric aide
- Technician
- Psychiatric attendant
- Nursing aides
- Personal care assistants
- Home health aides
- In-home workers



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# Where DSPs Work

- **Settings**

- Group homes,
- Sheltered workshops,
- Supported employment programs,
- Day centers,
- Community mental health programs,
- Residential institutions,
- Developmental centers (ICFs/MR),
- Nursing homes,
- People's homes.

- **Funded by**

- HCBS Waiver (e.g CAP-MR/DD, CAP-DA, CAP-C, CAP-RTC, AIDS), Medicaid State Plan services, and other long-term care programs funded by the North Carolina DHHS.



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# Challenges in NC Regarding Direct support workforce

- Retaining existing DSPs.
- Meeting a significant increase in the demand for DSPs in the face of employee shortages. (19,000 new workers by 2020 in DD; 40,000 in LTC aging)
- Addressing a high turnover rate that compromises care for consumers, adds to provider costs, and increases the demand for replacement workers. (41 - 115%)
- Low wages and extremely limited access to health care insurance and other benefits for DSPs: direct support workers are paid near poverty level wages and make less than the federal poverty level for a family of four; many do not have health insurance or depend on Medicaid. (\$9.24)
- Meeting the need for comprehensive training of DSPs to ensure knowledge, skills, and competence in provision of care to consumers



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# Quality of Service = Quality of DSPs

- Health outcomes
- Community integration
- Choice



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# Moving Mountains: Themes across high performing organizations

- Learning organizations
- Executive Directors/CEO relied on advice from DSPs and knew who they were
- Made listening opportunities a part of their routine
- Executive and management staff made it clear by modeling that they could and would do direct support
- Decision-making authority given to DSPs and site level supervisors
- Culturally competent



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# High Performing DSPs

- Play a vital roles in the lives of people with disabilities and their families.
- Are able to support people in a wide range of possible activities (e.g. maintaining a home, coordinating healthcare, meeting friends, finding work, transportation, making important decisions, taking medications, learning new skills, paying bills, and physical assistance).
- Are able to support lots of people with different support needs with equal commitment, passion and vigor.
- Facilitate connections to the people, resources and experiences necessary for families and individuals to live fully and safely in their communities.



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# High Performing Services

- People have personally joyful and fulfilling lives.
- People live in their communities of choice.
- People have real work and/or meaningful things to do during the day to keep them motivated and inspired about life, that they choose to do AND that they are paid appropriately to do.
- People have friends with and without disabilities.
- People do things in their life that many other people do in their communities and that they also enjoy doing.
- People have new and different experiences that are integrated.
- People remain connected to families and are supported to do so.
- Community members are involved in making it all happen!



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# CMS Quality Framework

- Participant Access
- Participant-Centered Service Planning and Delivery
- Provider Capacity and Capabilities
- Participant Safeguards
- Participants Rights and responsibilities
- Participant Outcomes and Satisfactions
- System Performance



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# Status and Image Problems

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**A Star Tribune special report**

# Criminals work as caregivers

*State law hides their past from families and others*

**By Paul McEnroe**  
*Star Tribune Staff Writer*

Across Minnesota, people convicted of violent crimes

## Caretaker abuse linked to low wages, training

**By Samira Jafari**

The Associated Press

**SOMERSET, Ky.** — Before she worked at Kentucky's largest center for mentally retarded adults, Dee Sumpner carried out groceries at Kroger and sewed elastic onto women's underwear at a factory.

Jennifer Gregory was a cashier at McDonald's. William Crabtree drove a delivery truck. Rita Phelps was a hairdresser. All of them applied to the communities at Oakwood, a state-run home with about 260 retarded adults, and were hired as patient aides even though they had no experience, according to personnel files obtained by The Associated Press.

Now they are among 15 Oakwood employees arrested in recent months on charges of abusing patients.

Mental health experts say low wages, inexperience, poor training and a lack of genuine interest in the well-being of patients often contribute to abuse and neglect at such institutions.

"It's true that because of low pay, the facilities are often not selective," said Linda Hickson, a professor of psychology and behavior studies at Columbia University. "They often get people who have no background at all to deal with people with challenging behaviors."

**2 deaths**

State regulators found evidence that patients at Oakwood were kicked, punched, pushed into walls or hurled to the floor. One patient, left unsupervised during a bath, drowned; another choked to death on a hot dog. No charges were filed in the two deaths.

Caretakers are expected to help patients with bathing, using the toilet, dressing and eating. Salaries for caretakers at Oak-

wood or other state institutions in \$24,000. Nationwide, the average is \$21,000, according to the U.S. Bureau of Labor Statistics.

Caretakers are often faced with patient outbursts — sometimes violent — that require skill and training to handle, said Louise Lynch, director of developmental disabilities at the Austin-Travis County Mental Health and Mental Retardation Center in Texas. Couple those dangers with low wages and the often-accompanying feeling of being overworked and under-appreciated, and you "could be in an abusive situation."

Critics have called on the state to shut down Oakwood, but officials said they plan instead to evaluate Oakwood's hiring and training practices and perhaps move some patients into group homes.

"We have to do a better job of finding people who care, but it's difficult to weed them out," said Steve Shannon, deputy commissioner of Kentucky Mental Health and Mental Retardation Services.

Jackie Bouyea, director of Oakwood, said that the hiring system is adequate, and that the workers who have been arrested are "the exception" among Oakwood's 1,300 employees. A private company, Liberty Health Care Corp., manages Oakwood under a contract with the state.

"We're putting more emphasis on supervisors," she said. "We are giving them additional training. We want them to know that they must report problems

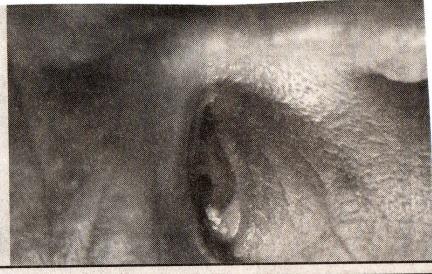
and that they should be very sensitive to interactions with residents."

Oakwood's applicants are screened for bad references and criminal records, she said. New hires undergo three weeks of training, in which instructors evaluate how the employees treat each other and how much interest they have in being caretakers. They are evaluated for two more weeks as they begin working with patients, Bouyea said.

Nevertheless, state regulators have hit Oakwood with 21 citations in as many months for allegations of abuse and neglect. By the last week in July, Oakwood had been fined \$1.4 million for not correcting health and safety problems.

Six of the 15 arrested employees have been fired. The others have been suspended with pay or assigned to laundry duty pending internal investigations.

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granted routinely — out of more than 1,000 set-aside applications considered from 1991 through 2000, 89 percent were granted.

# Enhancing Quality and Stability of the DSW Workforce

- Compensation
- Education
  - Career paths
  - Credentialing
- Opportunity
- Professionalization
  - Standards of education
  - Code of ethics
  - Membership
  - Networking



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Difference in Peoples' Lives



## Welcome to NADSP

We've come a long way from how it used to be.

-- When the warehousing of people with disabilities was painfully routine.

Today, Direct Support Professionals enable our most vulnerable citizens to live self-directed lives with dignity and pride. You are the everyday heroes who help people with disabilities realize their dreams and enjoy the daily liberties and human rights that the rest of us take for granted.



[Join the NADSP](#)

Together, we can make a world of difference.

Questions/Feedback about this web site? E-mail the webmaster at: [wester050@umn.edu](mailto:wester050@umn.edu).  
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# NADSP Code of Ethics



- Person Centered Supports
- Promoting Physical and Emotional Well-Being
- Confidentiality
- Self-Determination
- Integrity & Responsibility
- Justice, Fairness & Equity
- Respect
- Relationships
- Advocacy



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# National DSP Credential Program

- A national credentialing program for DSPs was launched by the NADSP.

- Is industry driven and VOLUNTARY
- Establishes national patterns for work-based learning and related instruction
- Is based on nationally validated competencies (knowledge, skills, and attitudes) called the Community Support Skill Standards, the NADSP Code of Ethics and DSP Professionalism
- Is affordable, flexible, portable, and nationally recognized
- Verification process to confirm DSP certification status

**NADSP**  
National Credential  
Program



[www.nadsp.org](http://www.nadsp.org)

# Competency Areas

- Participant Empowerment
- Communication
- Assessment
- Community and Service Networking
- Facilitation of Services
- Community Living Skills and Supports -
- Education, Training and Self-Development
- Develop Person-Centered Goals and Objectives

- Advocacy
- Vocational, Educational and Career Support
- Crisis Prevention and Intervention
- Organizational (employer) Participation
- Documentation
- Facilitation Relationships and Friendships
- Supporting Health and Wellness



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# *National DSP Credential Levels*

- DSP - Registered
- DSP - Certified
  - Training and work sample requirements
- DSP - Specialized
  - Training and work sample requirements

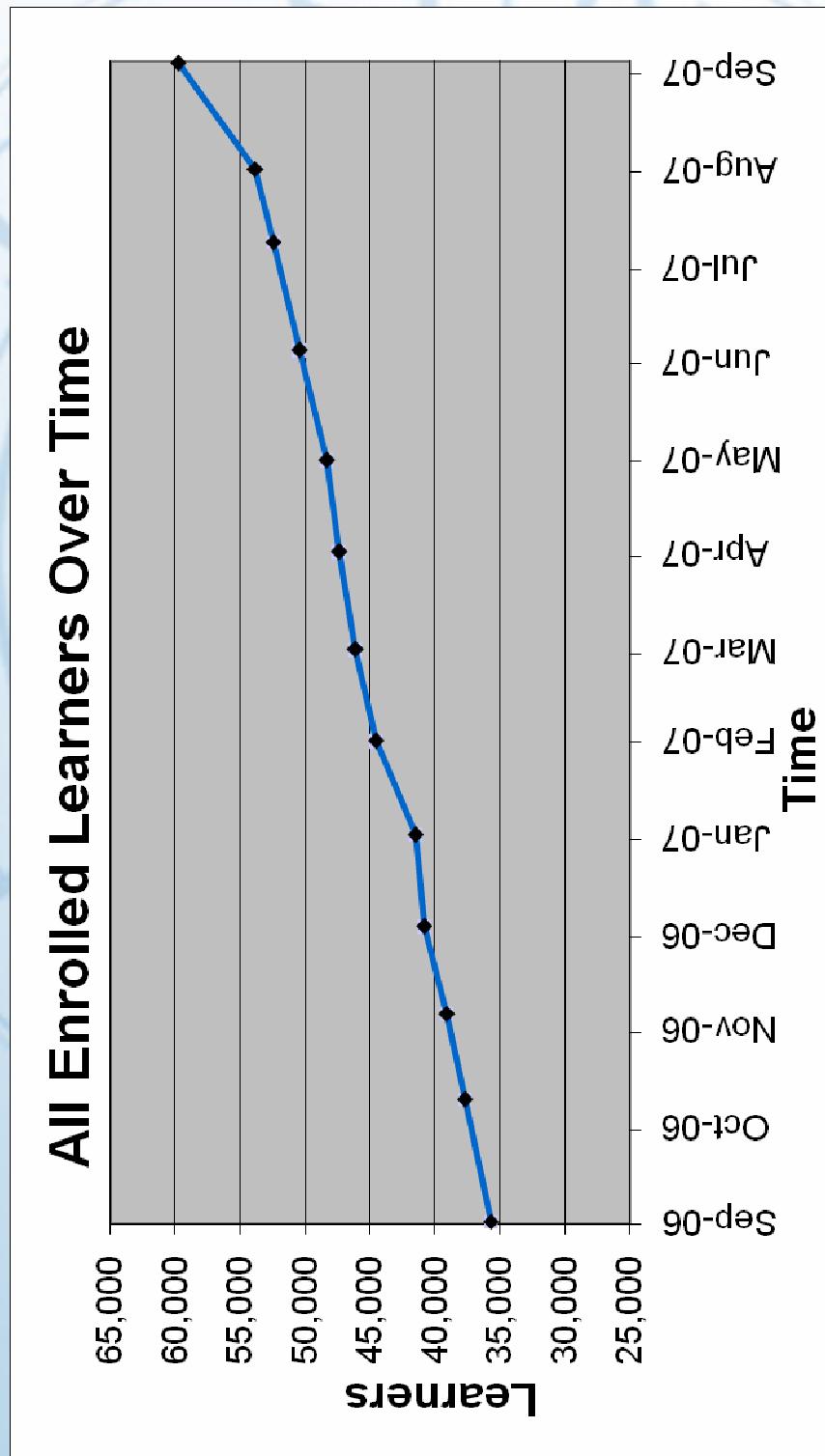


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Location: <http://www.collegeofdirectsupport.com>

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- Funded by NC Developmental Disabilities Council
- Implemented by North Council Providers Council
  - 10 pilot organizations
    - Arc of Stanley, NC Mentor, ComServ, Inc., Central State of the Carolinas, Community Alternatives, Footprints Carolina, Home Care Management Corp, RHA Health Services, RHA Howell Care Centers
  - 416 total learners
    - 23,116 lessons completed
    - 77% completion rate

# Recommendations

1. Create a Permanent Structure and State-Wide Advisory Capacity
2. Create a Certificate or Credentialing Program for DSPs
3. Increase the Wages of Direct Support Workers
4. Create a Marketing and Public Awareness Campaign
5. Provide Systematic Training, Technical Assistance and Incentives to All Community Providers in North Carolina on Effective Recruitment, Retention and Training Practices
6. Provide System-Wide Training to Supervisors and Managers on Effective Supervision
7. Provide Opportunities to Empower DSPs
8. Create New Service Options for Consumer Directed Services for Individuals with Disabilities and, as Appropriate, Their Families
9. Provide Access to Affordable Health Insurance Benefits
10. Create Selection Tools to Assist Providers in Reducing Early Turnover



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# Resources

- DSWResourcecenter.org
- [www rtc umn edu/dsp](http://www rtc umn edu/dsp)
- www.nadsp.org
- Community Support Skill Standards -  
[www hsri org](http://www hsri org)
- www.collegeofdirectsupport.org



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